

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 29 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**REINSTATEMENT** 03-04

DOCUMENT # **K12585**

1. Corporation Name  
**Professional Resources of the Palm Beaches, Inc**

**2555**

**2555**

2. Principal Office Address  
**2555 SE Dixie Hwy**

3. Mailing Office Address  
**2555 SE Dixie Hwy**

**300029861409**  
03/04/04--01016--015 \*\*300.00

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
**650112347**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

City & State  
**Stuart FL**

City & State  
**Stuart FL**

Zip Country  
**34996 USA**

Zip Country  
**34996 USA**

7. Name and Address of Current Registered Agent

Name **Scott MacDonald**

Street Address (P.O. Box Number is Not Acceptable)  
**2555 SE Dixie Highway**

Suite, Apt. #, Etc.

City  
**Stuart**

State  
**FL**

Zip Code  
**34996**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date **2-23-04**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<b>Pres</b>	<b>Scott A. MacDonald</b>	<b>2555 SE Dixie Hwy</b>	<b>Stuart FL 34996</b>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-23-04**

Date

Daytime Phone #

CP2E081 (01/04)

**Scott MacDonald**   
**Aircraft Sales, Inc.**


Airport Business Park  
2385 Dixie Highway  
Stuart, FL 34996

February 23, 2004

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Corporation Document No. K72585

Enclosed is the application for reinstatement for PROFESSIONAL RESOURCES OF THE PALM BEACHES, INC. Also enclosed is a check in the amount of \$300.00 for the filing fee for 2003 and 2004. The Annual Report was not filed for 2003 because I did not receive it.

  
Scott A. MacDonald

